

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RP</i>		<i>10/23/98</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-27-98</i>
FORMALITY REVIEW	<i>CH</i>	<i>71473</i>	<i>10-30-98</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	N		
22	N		
23	N		
24	N		
25	N		
26	N		
27	N		
28	N		
29	N		
30	N		
31	N		
32	N		
33	N		
34	N		
35	N		
36	N		
37	N		
38			
39	✓	✓	✓
40			
41			
42	✓	✓	✓
43	✓	✓	✓
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46	✓	✓	✓
47	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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